



LUTHERAN SCHOOL of THEOLOGY at CHICAGO

ADMISSIONS OFFICE ■ 1100 EAST 55TH STREET ■ CHICAGO, ILLINOIS 60615-5199 ■ (773) 256-0726

Recommendation

THIS PORTION TO BE COMPLETED BY THE APPLICANT

A. Applicant's Name Last (Please print) First Middle

B. Anticipated Program of Study

C. This recommendation is from a (check one): Pastor Professional acquaintance Teacher/Professor Layperson Employer Ministry Supervisor/Colleague Other

NOTE: This form is to be filled out by someone who is not a member of your immediate family.

D. Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants are the persons from who they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

I waive my right to examine this form. Applicant's Signature Date

I do not waive my right to examine this form. Applicant's Signature Date

TO BE COMPLETED BY THE REFERENT

The individual named above is applying for admission to Lutheran School of Theology at Chicago. Please note the provisions of the Family Education Rights and Privacy Act of 1974 as indicated above, which gives the applicant the right to review the contents of this recommendation unless that right to do so has been waived by signing the waiver above. Thank you for your part in this important phase of the applicant's life.

1. How long have you known the applicant? How well? Very well Rather well Casually Not well

2. In what capacity?

3. What do you perceive as this person's strongest assets?

4. What do you perceive as the applicant's area of needed growth?

5. Do you see this person as someone you would hire, have as your pastor or church staff member, or like as a colleague?

Yes No Unsure Please comment:

(continue on the reverse side)

6. In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

	Exceptional	Strong	Average	Inadequate	Not Observed
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional judgment and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness, non-defensiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze problems and formulate solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for proposed program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. We would appreciate your additional comments. Use a separate page if necessary.

\_\_\_\_\_  
Your Name (please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_)\_\_\_\_\_  
Telephone Number

**Please send this recommendation directly to:**  
Director of Admissions, Lutheran School of Theology at Chicago  
1100 East 55th Street, Chicago, Illinois 60615-5199